



# County of San Diego

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## Medical Director's Update for Base Station Physicians' Committee January, 2008

**New Deputy Health Officer:** Dean Sidelinger, M.D. is the new deputy health officer in public health. Dr. Sidelinger was at UCSD in the Division of Community Pediatrics. In HHSA he will work on tuberculosis, border health issues, and community outreach activities, among other assignments. Welcome to Dr. Sidelinger.

**8-hour hold changes:** Changes to the California Health and Safety Code section 1799.111 "8-hour" were effective January 1<sup>st</sup>. On the good side, the length of the hold has been changed to 24-hours. On the bad side, use of the hold is limited to non LPS (non psychiatric service) hospitals. LPS hospitals will have to use the traditional 5150 mechanism for holds.

**Fire Response:** Everyone in the system should be proud of their part in the response to the fires. To recap—515,000 persons evacuated, 26,000 were in shelters, three hospitals and 12 nursing facilities were evacuated of 2,000 patients. There has been a great deal of praise for the response.

The spirit of volunteerism was remarkable as people flocked to assist those in shelters. The evacuations were smooth. The volunteer Medical Reserve Corp. responded to numerous shelters to provide medical assessments and care. The pharmacy emergency response group contributed in an important way by establishing medicine histories when necessary and obtaining assistance.

The Medical Operations Center or MOC created at EMS after the 2003 fires met expectations. The MOC served as a central point for information, communication, and coordination. The evacuations went smoothly due to the presence of the base nurses working with the ambulance coordinators to put together transfer packages of patients. Field ambulance coordinators were vitally important to the process. GIS maps created in the MOC helped assess what was happening and facilities that might be threatened next. The county's new emergency management software, WebEOC, served well.

Many facilities opened additional capacity to take patients. The community opened shelters as well to assist the evacuees.

The focus moved from planning the first day, evacuations the next, then evaluating and supporting shelters, followed by repatriation. Numerous public health issues were dealt with throughout.

UCSD ramped up its capacity and cared for all the burn patients. The medical staff, nurses, and administration at the Pomerado and Fallbrook did a great job getting patients ready for transfer. The nursing homes were good at taking the supplies and personnel they would need in shelters. Mt. Miguel, the rapidly evacuated facility in Chula Vista held a thank you ceremony afterward that was greatly appreciated.

Despite the fact the response went so smoothly, there are improvements we can make for the future. After action reports are being completed and improvements identified. We will then make the needed changes for improvements.

Again, thanks to everyone in the EMS system for everything you did no matter what your role.

**STEMI:** The cardiac system continues to go well. Door-to-balloon times for activated patients are excellent, the median around 59 minutes. This will have a definite impact on death rates and residual damage after STEMI. We will start looking more at overtriage and reasons for activations that turn out to be unnecessary. Remember that activation is important to maintain low door-to-balloon times, but we should not activate in the field if there are potentially false positive EKGs based on artifact or a poor quality EKG that is unreliable. Or, mimics such a paced rhythm, atrial flutter or in some cases atrial fibrillation, bundle branch blocks, or ventricular hypertrophy.

We will also be looking at activation differences between hospitals. The quality improvement indicators such as death, length of stay, and complications are all within expected limits, according to the Cardiac Advisory Committee.

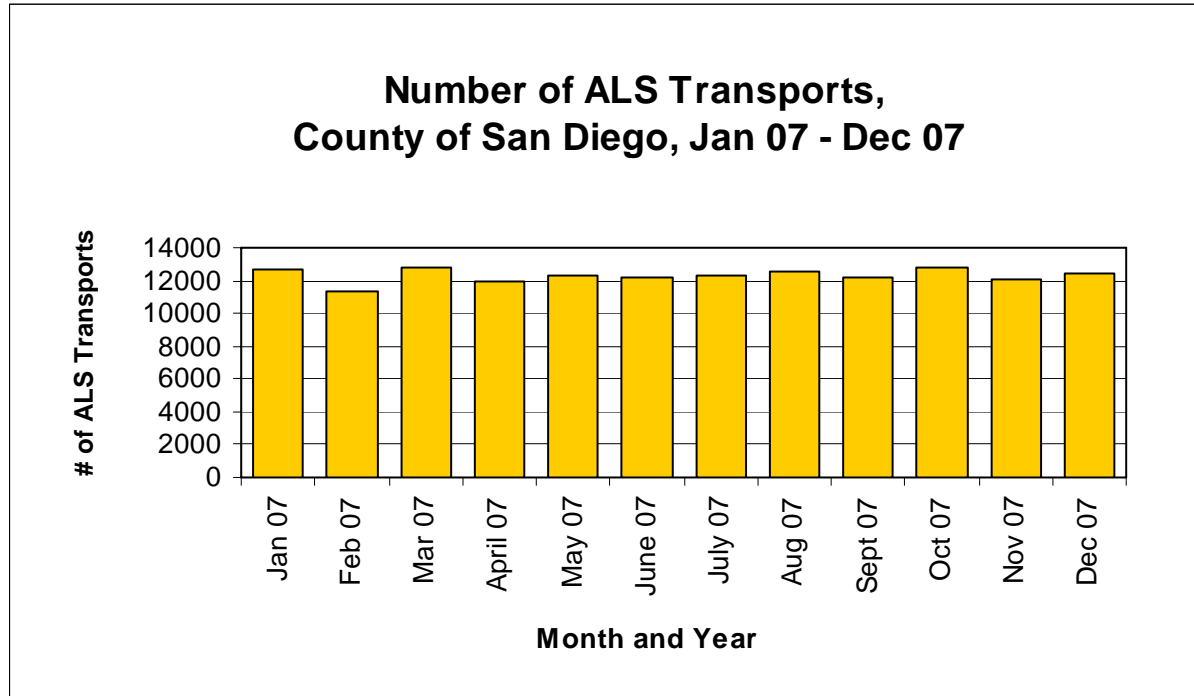
**Stroke Triage Protocol:** The destination protocol for acute stroke patients is ready for implementation. We are working on a review process for receiving hospitals to establish they meet the destination policy criteria. Training is being prepared.

**Bypass:** Bypass time and patient holds have jumped, despite a mild influenza year. EMS is monitoring the system and will institute the capacity plans as needed.

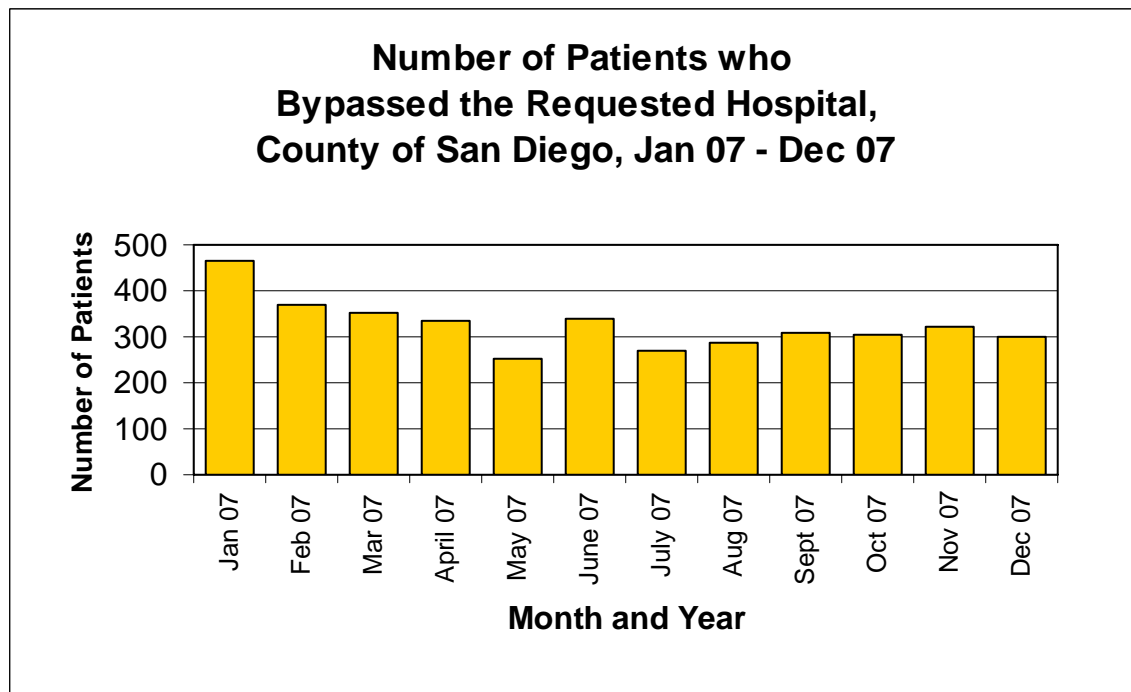
**CPAP, In-service:** This is an off year for protocol changes, but we will likely address two issues. One, CPAP demonstrates benefit for patients with cardiogenic pulmonary edema, and other causes of respiratory distress when used in the hospital. Most studies are in the ICU, but some are appearing having evaluated use in the ED. CPAP appears to lower deaths rate, prevent intubation, and lower complications such as ventilator associated pneumonia. There is some experience building in prehospital use and it seems successful in other parts of California. Three different devices have been evaluated by providers in the county and we will likely move forward by summer.

A broadened protocol for agitated delirium is being considered as well. This will focus on close assessment, attempts to prevent catastrophic deterioration, and use of midazolam for sedation.

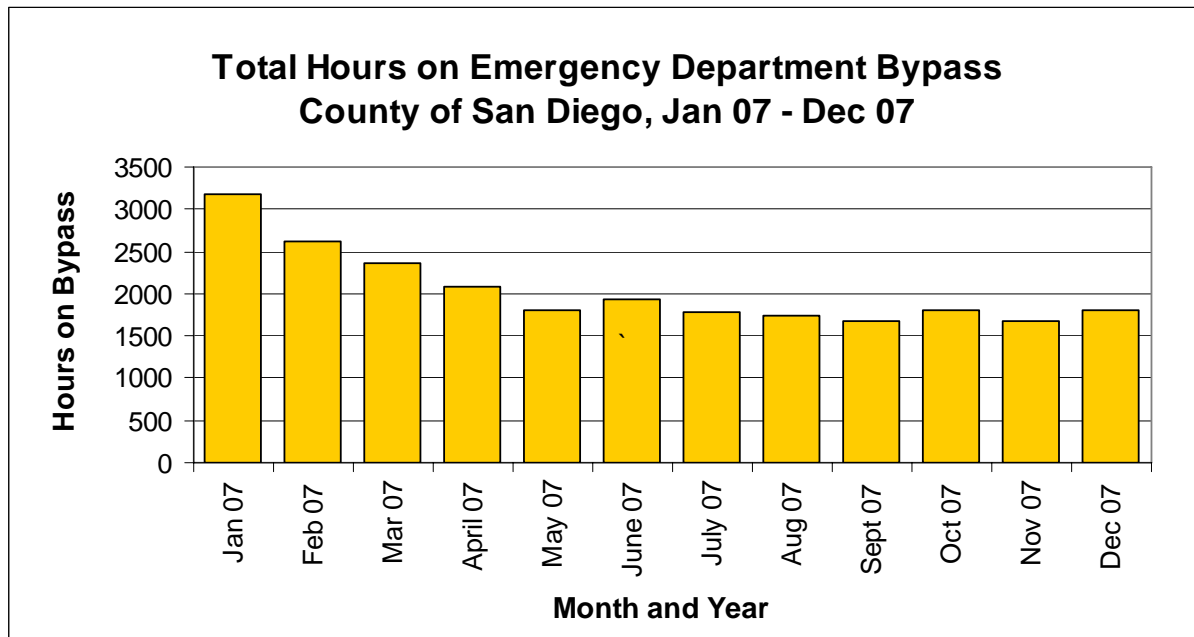
Below are the patient destination data in graphic form:



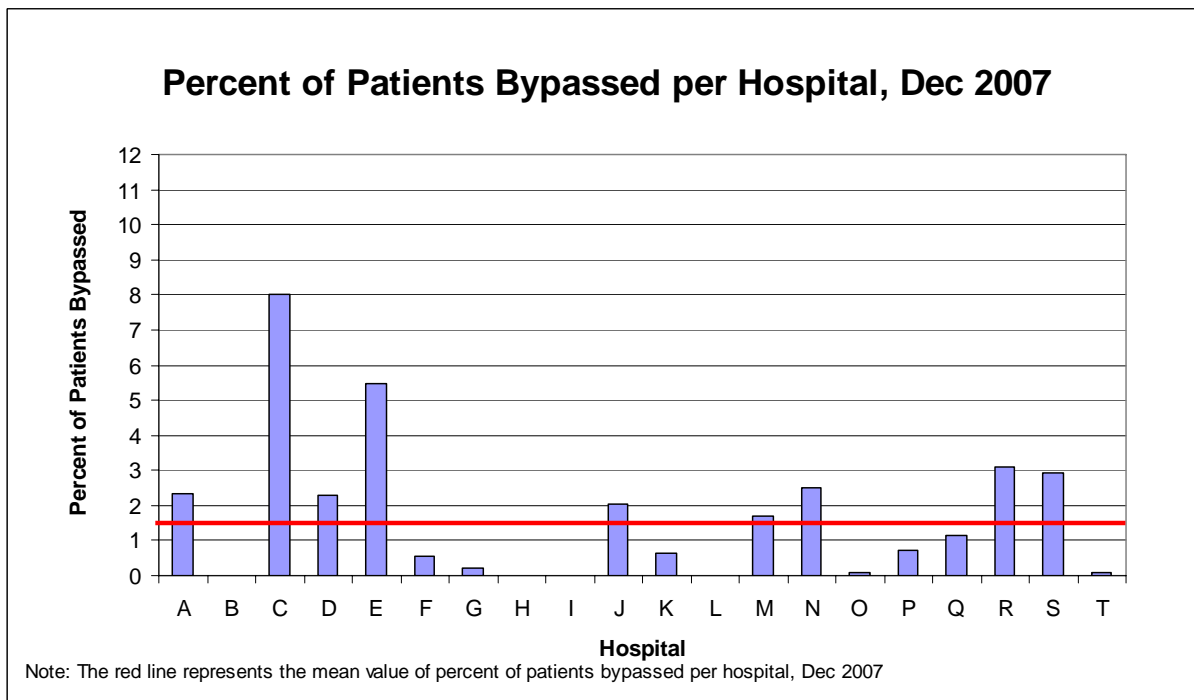
Source: County of San Diego, Health and Human Services Agency, Division of Emergency Medical Services, MICN Records, Jan 2007 – Dec 2007 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other



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